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CONFIRMATION NO. 7991

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/810,999	03/16/2001	424	1644	14028.0284U2
	RULE			

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/064,413 04/22/1998 ABN  
and is a CIP of 09/636,251 08/10/2000 ABN  
which is a CON of 08/843,409 04/15/1997 PAT 6,103,235  
which claims benefit of 60/015,459 04/15/1996  
and said 09/636,251 08/10/2000  
is a CON of 08/739,703 10/29/1996 ABN  
which claims benefit of 60/008,104 10/30/1995  
This application 09/810,999  
is a CIP of 09/368,069 08/03/1999 ABN  
which is a CON of 08/878,378 06/18/1997 ABN  
which is a CON of 08/628,745 11/18/1996 ABN  
which is a 371 of PCT/US96/05087 04/12/1996  
and said 08/878,378 06/18/1997  
is a CIP of 08/739,703 10/29/1996 ABN  
which claims benefit of 60/008,104 10/30/1995  
and said 08/878,378 06/18/1997  
is a CON of PCT/US96/05087 04/12/1996  
This application 09/810,999  
is a CIP of 09/380,484 12/06/1999 PAT 6,632,928  
which is a 371 of PCT/US98/04303 03/05/1998  
which claims benefit of 60/039,987 03/05/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/22/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 7	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

36339

## TITLE

Use of immunotoxins to induce immune tolerance to pancreatic islet transplantation

<p><b>FILING FEE RECEIVED 710</b></p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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